



## Attention: All Providers

### National Provider Identifier (NPI) Seminars

National Provider Identifier (NPI) seminars are being held during the month of March 2007. Seminars are intended for providers that would like more detailed information on how N.C. Medicaid will be implementing NPI.

The seminars are scheduled at the locations listed below. **Pre-registration is required.** Due to limited seating, registration is limited to two staff members per office. Unregistered providers are welcome to attend if space is available.

Providers may register for the NPI seminars by completing and submitting the following registration form or online. Sessions will begin at 9 a.m. and end at 12 noon. Providers are encouraged to arrive by 8:45 a.m. to complete registration.

<b>Tuesday, March 6, 2007</b> Hickory Metro Convention Center 1960 13 <sup>th</sup> Ave Drive S.E. Hickory, N.C.	<b>Wednesday, March 7, 2007</b> Crowne Plaza and Resort One Holiday Inn Drive Asheville, N.C.
<b>Thursday, March 8, 2007</b> Holiday Inn Express 1700 Winkler Street Wilkesboro, N.C.	<b>Tuesday, March 13, 2007</b> Crystal Coast Civic Center 3505 Arendell Street Morehead City, N.C.
<b>Thursday, March 15, 2007</b> Coastline Convention Center 501 Nutt Street Wilmington, N.C.	<b>“This Seminar is Full”</b> <b>Monday, March 19, 2007</b> Holiday Inn Select 5790 University Parkway Winston-Salem, N.C.
<b>Tuesday, March 20, 2007</b> The Blake Hotel 555 S. McDowell Street Charlotte, N.C.	<b>Thursday, March 22, 2007</b> Jane S. McKimmon Center 1101 Gorman Street Raleigh, N.C.
<b>Tuesday, March 27, 2007</b> Hilton 207 S.W. Greenville Blvd Greenville, N.C.	<b>Wednesday, March 28, 2007</b> Hampton Inn 115 Hampton Drive Edenton, N.C.

***NPI – Get it! Share It! Use It! Getting one is free – Not having one can be costly!***

**EDS, 1-800-688-6696 or 919-851-8888**



**National Provider Identifier (NPI)**  
**March 2007 Seminar Registration Form**  
*(No Fee)*

National Provider Identifier

Provider Name \_\_\_\_\_

Medicaid Provider Number \_\_\_\_\_ NPI Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_ County \_\_\_\_\_

Contact Person \_\_\_\_\_ E-mail \_\_\_\_\_

Telephone Number(\_\_\_\_) \_\_\_\_\_ Fax Number \_\_\_\_\_

**1** or **2** person(s) will attend the seminar at \_\_\_\_\_ on \_\_\_\_\_  
(circle one) (location) (date)

**Please fax completed form to: 919-851-4014**

**Please mail completed form to:**

**EDS Provider Services**

**P.O. Box 300009**

**Raleigh, N.C. 27622**

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